



CITY OF MURFREESBORO

ALARM SYSTEM PERMIT APPLICATION

☐ New ☐ Renew
FOR CHANGES ONLY:
☐ Address ☐ Phone
☐ Contact ☐ Monitoring Service

NOTICE: Permit **MUST** be approved and fee paid before activating alarm system. Use of alarm system is subject to terms of City of Murfreesboro Alarm Systems Ordinance. Alarm monitoring company must provide alarm user with information about requirements of ordinance. **Please report any change in information on the application within the required 10 days.**

ALARM USER (Actual Site of Alarm)		BILLING ADDRESS (If Applicable)	
NAME	PHONE	COMPANY	PHONE
ADDRESS		ADDRESS	
ZIP		CITY	STATE ZIP
Murfreesboro, TN			
ALARM MONITORING COMPANY	TYPE OF ALARM (Check One Only)		LOCATION TYPE (Check One Only)
COMPANY	<input type="checkbox"/> CLASS I: Alarm Monitored by Alarm Company or Automatic Dialer to anyone other than the Police Department. <input type="checkbox"/> CLASS II: NOT Monitored - Audible and/or Visual Alarm at Premises Only. <input type="checkbox"/> CLASS III: Specific Federal Law Requiring Alarm Monitoring Directly in the Police Department.	Commercial:	
ADDRESS		<input type="checkbox"/> Financial <input type="checkbox"/> School <input type="checkbox"/> Church	
CITY		<input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Factory	
STATE/ZIP		<input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____	
PHONE		Residential:	
		<input type="checkbox"/> House <input type="checkbox"/> Condominium	
		<input type="checkbox"/> Apartment <input type="checkbox"/> Duplex/Triplex/Quad	
		<input type="checkbox"/> Other _____	
AUTHORIZED INDIVIDUALS TO CONTACT - No Long Distance Numbers Accepted! (List Phone Numbers in Priority Order - Maximum (4) phone numbers. Please note Home, Work or Mobile)			
1. NAME		PHONE NUMBER	
2. NAME		PHONE NUMBER	
3. NAME		PHONE NUMBER	
4. NAME		PHONE NUMBER	
NOTICE: Each incidence of non-compliance with the Alarm Systems Ordinance shall constitute a separate violation. Violations of the ordinance may result in a service charge, revocation of the alarm permit (reinstatement requires a \$50.00 fee), or a citation to City Court, a fine, and court costs. A citation to City Court will be issued in the event of twenty (20) or more False Alarms in a twelve (12) month period. Sign only one (1) FORM OF SERVICE:			
I agree to accept service by certified mail of any city citation pursuant to the Alarm Systems Ordinance, Murfreesboro Code Section 7½, and I waive any right to service in person by a police officer.		I do not agree to accept service by certified mail of any citation arising hereunder. I wish to be Personally served by a police officer.	
Signature Of Alarm User		Signature Of Alarm User	
Date		Date	
Please Remit All Parts of the Application and Fees to:		ALARM ENFORCEMENT SECTION	
Make Checks Payable To:		MURFREESBORO POLICE ANNEX	
CITY OF MURFREESBORO		324 SOUTH CHURCH STREET	
		MURFREESBORO, TENNESSEE 37130	
		PHONE: (615) 895-3874	
		TDD: (615) 893-1311	
SIGNATURE OF ALARM USER		DATE	
OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE			
CLASSIFICATION:			
<input type="checkbox"/> CLASS I - \$30.00 (3 Years) <input type="checkbox"/> CLASS II - \$25.00 (3 years) <input type="checkbox"/> CLASS III - \$250.00 (1 year) Cash _____ Check # _____			
PERMIT NUMBER _____		EXPIRATION DATE _____	
APPROVED _____		DATE PERMIT ISSUED _____	
Alarms Enforcement Section			